

City of Raleigh

FY16 Outside Other Agency Funding Request Application

NOTE: The Community Partners grant is not intended to supplement program funding with grants awarded by the Arts and Human Relations Commissions.

Agency:			
Address:			Zip:
Director:			
Agency Contact:			
Telephone:		Email:	
URL(s) for any websites maintained by the organization:			
Total Funding requested from City for upcoming fiscal year:	\$		

Please complete application and submit online by selecting the submit button on the last page of the application, or send via email, fax or regular mail to:
 Nancy Crouse, City of Raleigh, Budget and Management Services Department, Post Office Box 590, Raleigh, NC 27601. Email: Nancy.Crouse@raleighnc.gov Fax: 919-996-7146

Submit the following with your request if you are requesting City-funding for the **first time OR** if it has been more than two years since your last City-funding request:

- _____ Articles of Incorporation and Agency Bylaws
- _____ Current Board of Directors (roster, appointment process, attendance records, meeting schedule)
- _____ Financial Policies (deposits, transfer of funds, employee reimbursement; grant distribution process, if applicable; and investments)
- _____ Federal Tax Returns for the previous two years.
- _____ Annual Audit (with two-year comparative financials).
- Yes No Does a licensed CPA perform an annual audit for all funds handled by your agency?
- _____ 501(c)3 letter
- _____ Organization Chart

Files may be [uploaded electronically](#) or sent via email, fax, or regular mail.

Agency and Program Information

Provide description of your agency. If requesting City funding for a specific program within your agency, also provide the name and description of the specified program **along with your agency's description**:

Agency and Program (if applicable) Description:
Agency Mission Statement:
Agency Vision Statement:
Describe the benefits or results of agency or program services.

Service Outputs (Provide Target Information with this application. The City will request actual information periodically throughout the fiscal year.)

Outputs	FY15-16	
	Target	Actual

Service Outcomes

Outcome Measures	FY15-16	
	Target	Actual
Briefly describe each outcome measure, how data is collected for the outcome measure and how the outcome measure will be calculated:		
What are the short term/long term benefits to the public that you are trying to achieve:		
What indicators of success do you intend to use to measure progress toward achieving the program objectives:		

Total Agency Budget

Provide total expense and revenue budget information for entire agency including all programs and funding sources. For purposes of this application, the budget information provided should coincide with the City's fiscal year, July 1 through June 30.

Personnel Expenses

	FY14 ACTUAL	FY15 BUDGET	FY16 PROJECTED BUDGET	FY16 BUDGET REQUEST FROM CITY
Salaries				
Merit				
Benefits				
Total Personnel Expenses				

Operating Expenses

	FY14 ACTUAL	FY15 BUDGET	FY16 PROJECTED BUDGET	FY16 BUDGET REQUEST FROM CITY
Communications (e.g. publishing, marketing)				
Travel & Training				
Facilities (e.g. rent, utilities)				
Technology				
Other				
Total Operating Expenses				
Total Expenses				

Revenues (from non-City sources - excluding Wake County)

	FY14 ACTUAL	FY15 BUDGET	FY16 PROJECTED BUDGET
Government Grants & Funding			
Foundation Grants & Funding			
Donor Contributions			
Service Fees			
Other Revenue			
Total Revenues			

Indicate the amount of total funds received from Wake County, if applicable, for each fiscal year listed below.

Fiscal Year	Total Funds	List Programs Funded
FY14		
FY15		
FY16 (as requesting)		

Program Budget

If requesting City-funds for a specific program within your agency, provide the expense and revenue budget information for the specified program including all funding sources. For purposes of this application, the budget information provided should coincide with the City's fiscal year, July 1 through June 30. **(If the grant request is for operating budget support, do not fill out this section of the application.)**

Personnel Expenses

	FY14 ACTUAL	FY15 BUDGET	FY16 PROJECTED BUDGET	FY16 BUDGET REQUEST FROM CITY
Salaries				
Merit				
Benefits				
Total Personnel Expenses				

Operating Expenses

	FY14 ACTUAL	FY15 BUDGET	FY16 PROJECTED BUDGET	FY16 BUDGET REQUEST FROM CITY
Communications (e.g. publishing, marketing)				
Travel & Training				
Facilities (e.g. rent, utilities)				
Technology				
Other				
Total Operating Expenses				
Total Expenses				

Revenues (from non-City sources - excluding Wake County)

	FY14 ACTUAL	FY15 BUDGET	FY16 PROJECTED BUDGET
Government Grants & Funding			
Foundation Grants & Funding			
Donor Contributions			
Service Fees			
Other Revenue			
Total Revenues			

Indicate the amount of total funds received from Wake County, if applicable, for each fiscal year listed below.

Fiscal Year	Total Funds	List Programs Funded
FY14		
FY15		
FY16 (as requesting)		

If City funding is allocated for only one year, share the strategies to sustain your agency or program. Indicate plans for obtaining funds outside of City funding.

If City funding is denied, describe the impact on agency or program.

Is this a new request for City funding?

If no, please provide the dates and award amount for each year previously funded:

If your agency received City funding for the current fiscal year and is requesting a change in the City funding level for the upcoming fiscal year, provide the reason(s) for requesting a change in the City's funding level:

List sponsors affiliated agencies and funding received (if applicable):

VERIFICATION AND SIGNATURE PAGE

Incomplete funding application packets may jeopardize request for funding.

By signing below we acknowledge that the Outside Other Agency Funding Request Application packet has been reviewed thoroughly. Each item has been completed properly and correct forms, attachments, and documents have been provided as requested.

Signature of Agency Contact

Printed Name

Date